

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)SERIAL NO.
107089369

FILING DATE

APPLICANT(S)

| CLAIMS | | | | | | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL CLAIMS | | | | 12 | | |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS